

## High-Level Event

### Ensuring adequate nutrition in refugee and migrant children and women: What does it take?

## Background

### Objective

This event was organized to highlight the nutrition risks faced by vulnerable groups in the Venezuela migration crisis, present key response actions taken by R4V Nutrition partners to prevent and treat malnutrition and collect different perspectives from host and donor governments, and humanitarian actors on the key elements needed to ensure adequate nutrition in refugee and migrant children and women.

### Panelists

#### *Moderator*

Mariana Coolican, Partnerships Public Sector Officer, UNICEF Regional Office for Latin America and the Caribbean

#### *Host governments*

- Dinte Conway, Director, Food Policy, Ministry of Health, Guyana
- Maria Juliana Ruiz, First Lady of Colombia (*pre-recorded video*)
- Zulma Fonseca, Director of Nutrition, Colombian Institute of Family Welfare

#### *Donor governments*

- Gloria Puertas Aznárez, Regional Health and Nutrition Expert, Regional Office for Latin America and the Caribbean, European Commission, DG ECHO
- Janine Cocker, Head of Development Cooperation, High Commission of Canada to Guyana and Suriname

#### *Regional Nutrition Sector Coordinator*

- Yvette Fautsch, Coordinator, Regional R4V Nutrition Sector, Latin America and the Caribbean

#### *R4V UN*

- Youssouf Abdel-Jelil, Regional Deputy Director, UNICEF Regional Office for Latin America and the Caribbean
- Paula Veliz, Regional Nutrition Specialist, UNICEF Regional Office for Latin America and the Caribbean

#### *R4V NGOs*

- América Arias, Country Director, Action Against Hunger (ACH) Peru
- Victoria Ward, Director, Save the Children Regional Office for Latin America and the Caribbean

## Session 1: The Role of Nutrition in responding to the Venezuela migration crisis

- Children under 5 and pregnant and lactating women are population groups inherently vulnerable to malnutrition compared to other population groups. due to their heightened nutritional needs. The first 1,000 days of life - the time spanning roughly between conception and one's second birthday - is a unique period of opportunity when the foundations of optimum health, growth, and neurodevelopment across the lifespan are established.
- In the Venezuela migration crisis, limited access to safe drinking water, food, health and nutrition services, and unhygienic environments lead to reduced dietary intake and increased risk of infections, overall leading to malnutrition and an increased risk of death. This situation has been exacerbated by the COVID-19 pandemic.
- Refugee and migrant infants, young children and pregnant and lactating women are particularly vulnerable in these conditions and face high risks of malnutrition, infection, and death. For example, in Colombia 19% of children's deaths associated with malnutrition in 2019 were from Venezuela, 91% of them being children under 2. From the deaths associated with malnutrition, 90% of them were due to lack of timely health care.
- Food security measures, such as ensuring access to food, are important but not sufficient to ensure the nutrient needs of the most vulnerable are met; for example, that breastfeeding women receive skilled counseling to establish breastfeeding, or that young children, pregnant and lactating women receive the food they need in terms of quantity and quality, especially in terms of micronutrients, and that they are counseled on how best meet their nutrient needs.
- The Nutrition response, whether implemented by host governments or humanitarian actors, addresses the specific nutritional needs of these vulnerable groups, according to age and condition, by preventing, identifying and treating malnutrition with the overall aim to improve their chances to survive. As such, the Nutrition response includes life-saving interventions channeled through the health system focusing on preventing malnutrition (skilled counseling on infant and young child feeding, including breastfeeding, and maternal nutrition, micronutrient supplementation, energy-protein supplementation) and identification and treatment of malnutrition (mainly acute malnutrition and anemia).
- Countries hosting refugees and migrants from Venezuela are conducting an integrated nutrition response to prevent and treat malnutrition among vulnerable groups; however, humanitarian assistance is needed to complement this response.
- The R4V Nutrition sector, composed by different humanitarian actors, complements the nutrition response of host governments. The sector estimated that, 1.14 million people were in need of preventive or curative nutrition interventions in the 6 countries where it operates (Brazil, Colombia, Ecuador, Guyana, Peru, and Trinidad and Tobago). To reach the target of 273 000 people (mostly women and children) in 2021, 12.2 M dollars are required for the 13 partners to implement nutrition interventions.
- The funding situation of the R4V Nutrition sector is critical, only 4% of the funding requirements have been received so far impeding not only to reach the 2021 target, but to scale-up nutrition interventions.

## Session 2: Discussion - What does it take to ensure adequate nutrition in refugees and migrants?

According to the panelists who participated at the R4V Nutrition event, several elements are needed to ensure adequate nutrition in refugees and migrants:

- Regular migration status, with documentation, that allows refugees and migrants to access health and nutrition services in the host country.
- Integrated country policies, strategies, guidelines and protocols targeting vulnerable groups adapted to the COVID-19 context and that promote gender equality (feminist lens).
- Bridge between the humanitarian and development agendas by targeting not only refugees and migrants, but also host communities.
- Strengthened multisectoral linkages with Health, WASH, Food Security and Social protection (systems approach) to respond rapidly but also to address the root causes of malnutrition and improve the resilience across communities.
- Strengthened nutrition response with a focus on differentiated needs of women and girls through local health services:
  - Staff to plan, implement, coordinate and monitor nutrition interventions.
  - Skilled health care staff trained to carry out nutrition interventions adapted to the COVID-19 context, with a focus on measures to prevent malnutrition through counseling/training women, who are the main caregivers.
  - If prevention fails, treatment is a must. Skilled health care staff trained to screen, identify and treat acute malnutrition cases, and referral systems for cases with medical complications. This is particularly important the current COVID-19 context, where acute malnutrition is likely to increase.
  - Regular training on nutrition interventions adapted to the COVID-contexts, also taking into consideration the turnover of personnel.
  - Access to specialized nutrition supplies, including: equipment to identify malnutrition, nutrition products to prevent and treat malnutrition, and personal protective equipment, while being mindful of the environment and climate change and take a “do no harm” approach in the use of nutrition products.
  - Data on the nutrition situation of vulnerable groups in transit and host communities using standardized methods and contextualization with health, food security and hygiene data to guide programmatic decisions.
  - Nutrition surveillance and monitoring systems to be able to timely identify and follow-up malnutrition cases.
  - **Funds: Only additional support from the donor community to host governments and humanitarian actors will guarantee that children and women are reached with nutrition life-saving interventions.**